

Entered -11-14-00 - sb
CL 00L0691 - GWENDOLYN BURNS

00- R-2030

CLAIM OF: ALVIN SMITH
2263 Newnan Street
East Point, Georgia 30344

For vehicular damages alleged to have been sustained from a rock
that was thrown from a lawn mover on November 6, 2000 on
Murphy Avenue, SW.

THIS ADVERSED REPORT IS
APPROVED

BY: Rosalind Rubens Newell
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0691

Date: November 30, 2000

Claimant /Victim ALVIN SMITH
BY: (Atty) (Ins. Co.) _____
Address: 2263 Newnan Street, East Point, Georgia 30344
Subrogation: _____ Claim for Property damage \$ 245.00 Bodily Injury \$ _____
Date of Notice: 11/14/00 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 11/6/00 Place: Murphy Avenue, SW
Department PUBLIC WORKS Division SOLID WASTE SERVICES
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges that his vehicle sustained damage when it was struck by a rock that was thrown from a lawn mower that was operated by a city employee. However, the City is immune from liability as set forth in O.C.G.A. §36-33-1.

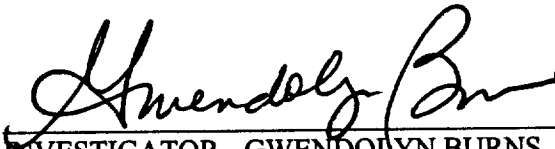
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other X
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 11-30-00
Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue SW
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 11-6-2000

ENTERED - 11-14-00 - SB
00L0691 - GWEN BURNS

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ _____ for property and/or \$ _____ for bodily injury for which I contend the City is liable.

1. Date of incident 11-6-2000 2. Time of incident 1:00 P.M. 3. Police called X
(Month/Day/Year) Yes No

4. Location of incident (including street address): Murphy Ave. SW Atlanta

5. Name of your insurance company: Safe Way Insurance Co. Policy No: AG 1076104

6. State what and how the incident occurred: I was driving down Murphy Ave. And a rock flew from the lawn ~~mower~~ Mower And Shattered the back window on the ~~pass~~ passenger side of my Car. (Right hand side)

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Buick Park Ave 90 871 WHB Alvin Smith
(Make) (Year) (Tag Number) (Driver's Name)

City Vehicle: Lawn mower George Boyd Solid Waste Services
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: Willie Peter Gurn (404) 351-0983
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State Law, nor is it admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Alvin Smith
Signature of Claimant

Alvin Smith
Print Claimant's Name

2263 Newnan St.
Address

East Point, Ga. 30344
City, State and Zip Code

(404) 351 0618 (404) 761-5230
Work Number Home Number

00- R-2030